

FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No.

37910  
 9717

Registration District No.

318

Primary Registration District No.

1008

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 Enroute City Hospital 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

3. (a) PRINT FULL NAME Morris Brite

3. (b) If veteran, name war..... World War I  
 3. (c) Social Security No. 391-12-9070

4. Sex Male 1/2 5. Color or race White 6. (a) Single, widowed, married, divorced Single 6. (c) Age of husband or wife if alive..... 1890 years  
 7. Birth date of deceased..... About 1890  
 (Month) (Day) (Year)

8. AGE: Years 58? Months Days If less than one day  
 hr. min.

9. Birthplace Hannibal Missouri 1/2  
 (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business.....

12. Name..... Unknown 1/2  
 13. Birthplace..... Unknown 1/2  
 (City, town, or county) (State or foreign country)  
 14. Maiden name..... Unknown 9  
 15. Birthplace..... Unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant W. Hughes  
 (b) Address 10 N. 10th St.

17. (a) Burial (b) Date thereof 11-9-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.

19. (a) NOV 8 1948 (b) J. B. Lasater  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
 (c) City or town St. Louis 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 218a So. 4th St.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3  
 year 1948 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....  
 that I last saw h..... alive on....., 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration.....

Due to.....  
 Due to.....

Other conditions.....  
 (Include pregnancy within 9 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?..... (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
 While at work? (c) Means of injury.....  
 23. Signature..... (d) Date signed.....  
 Address.....

DEC 27 1948

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed Isaac W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.